



Introductions

Florencia

Dianna

Patsy



Application

Application



Supporting Documents

Income Verification

Utility Bills



Income Verification

- ✓ 1 month current income amount
- ✓ Dates covered
- ✓ Name
- ✓ Undocumented source of income – minimum requirements for documenting client file. The client should state the source of the income, or how income was earned; and also have the client sign attesting to the accuracy of the statement.

Utility Bills

- ✓ Customer name
- ✓ Account number
- ✓ Service address
- ✓ Mail address
- ✓ Current monthly usage charges

Fast Track

- ✓ Prevent services from being terminated
- ✓ To reconnect services
- ✓ Declared disaster
- ✓ Deposit to obtain services
 - As always there is an exception. For those agencies dealing with Southern California Edison, it cannot be used for a deposit.

Fast Track

- When a payment amount does not prevent a shutoff
- Client Co-Payment

Utilities Included in Rent

- ✓ Proof must be documented in client file
- ✓ Rental agreement stating that utilities are included in rent
- ✓ Statement signed by the landlord

Estimating Energy Burden

- Obtain total energy cost for the building; divide by number of residents
- Use actual costs from a similar type building
- Use the overall energy burden for all utilities included in rent for your particular agency.

Subsidized Housing

- No out of pocket expenses for utilities makes the client ineligible
- Any out of pocket expenses for utilities makes clients eligible to apply. Federal statute prevents an automatic denial based on subsidized housing.
- Priority based on energy burden would be extremely low (Exhibit H)
- Negative points can be added for subsidized housing (Exhibit H)

Death Match File

- Enter customer information and SSN on Search Page
- CLASS presents a message that the SSN entered is in the Death Match database.
- Check SSN and verify if correct.

Death Match File

- If incorrect, make changes and launch the search again
- If correct and SSN was cross-checked with supporting documents, call the CSD Help Desk for override process
- Complete override request "Form CSD 50" and fax to Help Desk.

Form CSD 050

State of California
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
CLARK DEATH MATCH FILE REVIEW FREQUENT FORM
CSD 050 (New 12/03)

Agency:			Contact Person:		
Date:	Telephone:	Fax:	Email:		
Please provide the following information for clients matching the Death Match File in error:					
SSN:		Name (Last, First, MI):			
Verified SSN:		Picture ID:			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> CA DL <input type="checkbox"/> CA ID Card <input type="checkbox"/> Other _____			
Other Verification:					
SSN:		Name (Last, First, MI):			
Verified SSN:		Picture ID:			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> CA DL <input type="checkbox"/> CA ID Card <input type="checkbox"/> Other _____			
Other Verification:					
SSN:		Name (Last, First, MI):			
Verified SSN:		Picture ID:			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> CA DL <input type="checkbox"/> CA ID Card <input type="checkbox"/> Other _____			
Other Verification:					
SSN:		Name (Last, First, MI):			
Verified SSN:		Picture ID:			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> CA DL <input type="checkbox"/> CA ID Card <input type="checkbox"/> Other _____			
Other Verification:					
CSD Use Only					
Date Received:			Correction Completion Date:		
Confirmation Date to Agency:			Completed By:		

Automatic Enrollment

Automatic Enrollment is a joint effort between the California Public Utility Commission (CPUC) and CSD to further extend CARE enrollment opportunities to low-income electricity and gas customers receiving LIHEAP Assistance.

Automatic Enrollment

Under an MOU agreement, CSD will provide the CPUC client information for low-income individuals receiving “Gas & Electric” or “Fast Track” assistance under LIHEAP for purposes of enrollment into the CARE program offered by the investor-owned Utility Companies:

- ☛ Pacific Gas & Electric Company
- ☛ Southern California Edison Company
- ☛ Southern California Gas Company
- ☛ San Diego Gas & Electric Company

Automatic Enrollment

This process significantly streamlines the CARE application and enrollment process for low-income individuals; and will allow for more low-income individuals to receive the benefits of CARE-20% monthly discount which amounts to an estimated annual savings of \$350.

All Automatic enrollees will receive a letter from their utility company explaining the automatic enrollment into CARE, program benefits, and information regarding procedures for removing themselves from CARE.

CLASS

- Sharing of logon ID's is prohibited
- Sharing administrative access and responsibilities is prohibited
- Reports (Deficiency and Variance)
- Automation needs

Storing Client Files

- No public access
- Secured area
- Must be maintained for 3 years or until resolution of all audit or monitoring findings are completed

Benefit Levels

2004 Current Statewide average

✓	Average Gas	\$34.83
✓	Average Electricity	\$72.76
✓	Statewide Average	\$53.80
✓	Average payment	\$199.70

Benefit Levels

- Gas and Electric average added together
 - \$107.59
- No adjustment in Poverty Coefficients
- Average payment
 - \$345.47

Benefit Levels

- Gas and Electric average added together
 - \$107.59
- Adjustment in Poverty Coefficients
- Average payment
 - \$216.26

Department of Community Services and Development

Energy Intake Form

CSD 43 (Rev. 10/03) Shaded Areas For Official Use Only

0		4								0	0	0	0				
Priority Points										A.C.C.							

Program Type:

☐ LIHEAP-G & E

☐ LIHEAP-ECIP/FT

Agency:

Intake Initials:

Intake Date:

First Name		Middle Initial	Last Name	
Mailing Address			Unit Number	
Mailing City		Mailing County	Mailing State	Mailing ZIP Code
Service Address (Do not use P.O. Box.)			Unit Number	
Service City		Service County	Service State	Service ZIP Code

Social Security Number

Telephone Number

☐ Message

()

Total number of persons living in household, including applicant.

You may also be eligible for a discount on your monthly energy cost for each utility company's reduced rate program.

Which utility company do you wish to be paid?

Energy Cost

Account Number

Energy Burden %

Name of Customer on Utility Bill

☐ Check here if utilities are included in rent or if sub-metered.

Enter total **gross** monthly income for all persons living in the household:

TANF

SSI/SSP

SSA

Paycheck(s)

Interest

Pension

Other

TOTAL

\$

\$

\$

\$

\$

\$

\$

\$

For Official Use Only

Weatherization Assessment

☐ Type of Dwelling

1 Sgl/Family-Owner

2 Sgl/Family-Rental

3 Multi/Family-Owner

4 Multi/Family-Rental

5 Apt-Owner

6 Apt-Rental

7 Mobile Home-Owner

8 Mobile Home-Rental

9 Shelter

10 Unoccupied Dwelling(s)

☐ Type of Cooling

1 A/C

2 Evap. Cooler

3 Fan(s)

☐ Type of Water Heater

1 Gas

2 Electric

3 Other: _____

☐ Type of Range

1 Gas

2 Electric

3 Other: _____

Other

☐ HUD Unit

☐ Built Pre-1979

☐ Lead-Free Cert

Demographics

Enter the number of persons in your household who are:

1 2 years or under

2 Ages 3 to 5

3 Ages 6 to 18

4 Elderly (60 years or older)

5 Disabled

6 Migrant Farmworker

7 Native American

8 Limited-English Speaking

9 Seasonal Farmworker

☐ Agency Defined 1

☐ Agency Defined 2

☐ Agency Defined 3

☐ Agency Defined 4

<input type="checkbox"/> House Weatherized	<input type="checkbox"/> Referred for Weatherization	<input type="checkbox"/> Referred for RRP	<input type="checkbox"/> Referred for FRR
--	--	---	---

The information on this application will be used to determine and verify my eligibility for assistance. My signature gives consent for this information to be shared with other offices of the state and federal governments, their designated subcontractors, my utility company(ies), and for my utility company(ies) to share information with other offices of the state and federal governments. I understand that for LIHEAP, I may request a hearing to appeal denial of eligibility or delay in service delivery (over 90 days from receipt of application). If applicable, I hereby authorize installation of weatherization measures to my residence at no cost to me. I declare, under penalty of perjury, that the information on this application is true, correct, and that the funds received will be used solely for the purpose of paying my energy costs.

Applicant's Signature

Date

Witness' Signature (if signed with an X)

AGENCY NAME: Community Services and Development (CSD). UNIT RESPONSIBLE FOR MAINTENANCE: Home Energy Assistance Program (HEAP). AUTHORITY: Government Code Section 16367.6 (a) Names CSD as the agency responsible for managing HEAP. PURPOSE: The information you provide will be used to decide if you are eligible for a LIHEAP payment and/or the Reduce Rate Program. GIVING INFORMATION: This program is voluntary. If you choose to apply for assistance, you must give all required information. OTHER INFORMATION: CSD uses statistical definitions from the annual update of the Department of Health and Human Services' State Median Income, Federal Income Poverty Guidelines, to determine program eligibility. During application processing, CSD's designated subcontractor may need to ask you for more information to decide your eligibility for either or both programs. ACCESS: CSD's designated subcontractor will keep your completed application and other information, if used, to determine your eligibility. You have the right to access all records holding information about you.

CSD does not discriminate in the provision of services on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

CSD 43 (Rev.10/03) Shaded Areas For Official Use Only

Declaración de Confidencialidad/Información Adicional

NOMBRE DE LA AGENCIA: Departamento de Servicios y Desarrollo de la Comunidad (CSD). UNIDAD RESPONSABLE DE MANTENIMIENTO: Programa de Ayuda para la Energía del Hogar (HEAP). AUTORIDAD: El código gubernamental, Sección 16367.6 (a) designa a CSD como la agencia responsable de la administración de HEAP. OBJETIVO: La información que proporcione se usará para determinar si usted reúne los requisitos para recibir el pago de LIHEAP, y/o el Programa de Tarifas Reducidas. PROPORCIONANDO INFORMACION: La participación en este programa es voluntaria. Si decide solicitar esta ayuda, debe proporcionar toda la información requerida. INFORMACION ADICIONAL: CSD utiliza definiciones estadísticas de la actualización anual de las Pautas de Ingresos Federales de Pobreza del Departamento de Salud y Servicios Humanos para determinar la aceptación de una persona en los programas. Durante el trámite de su solicitud, es posible que el subcontratista designado por CSD necesite pedirle información adicional para determinar si se le puede aceptar en estos u otros programas. ACCESO: El subcontratista designado por CSD se quedará con su solicitud, y otra información, si se usó para determinar su elegibilidad. Usted tiene derecho de acceso a todos los expedientes que contengan información sobre usted. CSD no discrimina en los servicios que ofrece debido a raza, religión, credo, color, origen de nacionalidad, incapacidad física, incapacidad mental, condición médica, estado marital, sexo, edad, u orientación sexual.



Pacific Gas and
Electric Company

Residential Bill

Account Number	Bill Date	Amount Due	Due Date	Amount Enclosed
1234567890-1	03/30/2004	\$348.25	04/19/2004	

001:4.90.14462 1 / V 0.238
[Barcode]

JANE SAMPLE
77 BEALE ST
SAN FRANCISCO CA 95698-9999

PG&E
BOX 987300
SACRAMENTO, CA
95698-7300

201.1205

Please return this portion with your payment. Thank you.

Telephone Assistance 1-800-743-5000 Assistance is available by telephone 24 hours per day, 7 days per week.	ACCOUNT SUMMARY																								
Local Office Address 2435 MISSION ST SAN FRANCISCO CA 94110	<table><thead><tr><th>Service</th><th>Service Dates</th><th>Amount</th></tr></thead><tbody><tr><td>Gas</td><td>03/01/2004 TO 03/30/2004</td><td>\$102.96</td></tr><tr><td>Electric</td><td>03/01/2004 TO 03/30/2004</td><td>229.96</td></tr><tr><td>Energy Commission Tax</td><td></td><td>0.42</td></tr><tr><td>Utility Users' Tax</td><td></td><td>14.91</td></tr><tr><td>TOTAL CURRENT CHARGES</td><td></td><td>\$348.25</td></tr><tr><td>Previous Balance</td><td></td><td>355.30</td></tr><tr><td>03/15 Payment - Thank You</td><td></td><td>355.30</td></tr></tbody></table>	Service	Service Dates	Amount	Gas	03/01/2004 TO 03/30/2004	\$102.96	Electric	03/01/2004 TO 03/30/2004	229.96	Energy Commission Tax		0.42	Utility Users' Tax		14.91	TOTAL CURRENT CHARGES		\$348.25	Previous Balance		355.30	03/15 Payment - Thank You		355.30
Service	Service Dates	Amount																							
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Energy Commission Tax		0.42																							
Utility Users' Tax		14.91																							
TOTAL CURRENT CHARGES		\$348.25																							
Previous Balance		355.30																							
03/15 Payment - Thank You		355.30																							
Account Number 1234567890-1	TOTAL AMOUNT DUE DUE DATE - 04/19/2004 \$348.25																								
Special Account Information																									

March 2004

Messages:

PAGE 1 of 4

How to Read Your Bill

Your Account Number.
When you have questions or need service, please have this number ready for faster service.

Service Address.
The address where gas is used (may differ from your mailing address).

Next Meter Reading Date.
On or about this day, the meter reader needs to have safe access to your gas meter.

Date and Amount of Last Payment.
The date and amount of the last payment applied to your account.

Energy Comparison.
Helps you keep track of your energy use by comparing this year's use with last year.

24-Hour Service And Information.
Use this toll-free number to call us.

Difference.
The amount of gas you've used since we last billed you.

Payment Due Date.
Current charges past-due if not paid by this date (nineteen days from mailing date).

Message Area.
Check here for information about your bill, customer programs and energy-saving tips.

Terms, Rate, Billing Factor.
Check the back of your bill for explanations of these terms and more.

More phone options and info on back of bill
24-hour Service and Info
(800) 427-2200 (English)
(800) 342-4549 (Spanish)

The Gas Company
Scrapie Energy Corp.
P.O. Box C
Monterey Park, CA 91756
www.scegas.com

Your Account Number
987 654 3210 3

JOHN Q PUBLIC
1801 S ATLANTIC BLVD
MONTEREY PARK CA 91754-6135

Date Billed	Climate Zone	Cycle	The Gas Company's Gas Connectivity Charges per Therm
CR	1	07	\$1.42389/Therm

Billing Period	Meter Number	Headings	Difference	Billing
From To		Prev Pres	=CLF x Factor = Therms	
09/09/03 10/09/03	06076856	655 684	29	30

*Sampled Read
Next Meter Reading Date on or about: Nov 06, 2003

Summary of Charges	Amount
Customer Charge	30 Days x 0.16438 = \$ 4.93
Baseline	14 Therms x 0.72357 = 10.13
Over Baseline Gas Charges	16 Therms x 0.90500 = 14.48
	29.54
State Regulatory Fee	30 Therms x 0.00199 = 0.06
Public Purpose Surcharge	30 Therms x 0.02781 = 0.83
Taxes & Fees on Gas Charges	0.89
Total Gas Charges Including Taxes and Fees	30.43

Thank you for your payment: Sep 16, 2003
Amount of Last Payment: 20.96

Total Current Gas Charges 30.43
Total Amount Due 30.43
Current Amount Past Due if not paid by Oct 31, 2003

Special Discount You may be eligible for the California Alternate Rates for Energy (CARE) program. For more information and to request an application, please call 1-800-772-5050.

Descuento Especial Usted podria ser elegible para el programa de Tarifas Alternativas para Energia en California (CARE). Para mas informacion y para pedir una solicitud, por favor llame al 1-800-772-5050.

Energy Comparison	This Year	Therms	Day Average	Last Year	Therms	Day Average
Oct	30	30	1.00	29	32	1.10
Sep	32	29	0.91	32	33	1.03
Aug	29	16	0.53	29	31	1.07

Date Mailed: Oct 13, 2003
Please bring entire bill if payment is made in person or return stub with your payment by mail

07 2030 0855
S

Total Amount Due
\$30.43
Please Pay
By 10/31/03

The Gas Company
PO Box C
Moni Pk Ca 91756

101083BL:0475.016172 1 AN 0.276
JOHN Q PUBLIC
C/O JANE Q PUBLIC
1801 S ATLANTIC BLVD
MONTEREY PARK CA 91754-6135

Your Account Number
987 654 3210 3

REFER TO BACK OF BILL

80 9876543210 00003043 30 9876543210 0000304330

NAME
MAILING ADDRESS

ACCOUNT NUMBER	777-546-1110-01
LAST MONTH'S PAYMENT	21.64
BILL DATE	11/25/2003
DUE DATE	12/14/2003
AMOUNT DUE	26.14

FOR QUESTIONS CALL: 1-888-685-6465
 MON - FRIDAY 8:00 AM - 5:00 PM PST
 YOU CAN VIEW YOUR ACCOUNT
 OR MAKE YOUR PAYMENTS ONLINE!
WWW.VITERRAUSA.COM
 THERE WILL BE A \$20 FEE FOR CHECKS
 NOT HONORED BY YOUR BANK.
 DISCONNECTION OF SERVICES MAY OCCUR
 FOR AN OUTSTANDING BALANCE BEFORE
 THE CURRENT CHARGES ARE DUE.

SERVICE LOCATION				SERVICE FROM	SERVICE THRU	NUMBER OF DAYS
SERVICE ADDRESS				10/20/03	11/19/03	30 DAYS
SDG&E ALL ELEC. CARE			26.1400			
	Prev	Pres	Mult	Total		
10-20 thru 11-19	26905	27119	1	214.0		
Line Item Description	Rate	Usage	Cost			
ELECTRIC RATE D-CARE						
Baseline = 423.0						
Baseline	.0744099	214.00	15.9200			
Care Discount			-3.0300			
Franchise Fee			.7500			
ELECTRIC D-CARE						
ALL USAGE	.0650000	214.00	13.9100			
CARE Discount			-2.7800			
Franchise Fee			.6400			
PUC Fee			.0300			
St. Tax Reimb.			.0400			
Franchise by Others			.6600			

A LATE FEE MAY BE ASSESSED ON ANY UNPAID BALANCE THAT IS NOT RECEIVED BY THE DUE DATE

A P A R T M E N T S

June 12, 2003

To Whom It May Concern,

This letter is to confirm that *NAME* is a resident of
Apartments. *NAME* resides in Apartment # , and her monthly
rent charge is \$ 332.00, which includes utilities @ 20%.

Should you have any further questions, please feel free to contact me.

Sincerely,

Resident Manager

**OWNER'S CERTIFICATION OF COMPLIANCE
WITH HUD'S TENANT ELIGIBILITY
AND TENANT PROCEDURES**

U.S. Department of Housing and Urban Development
Office of Housing, Federal Housing Commissioner
OHH NO. 2502-0204 (EXP. 3-31-87)

PART I - GENERAL INFORMATION

1. Date this Form will be effective: 10/05/99			6. Action Processed: [1]			7. Type of Subsidy:		
2. Date Tenant Moved into this Project: 10/05/99			A.			A. Subsidy Tenant will Receive: [1]		
3. Project Name: ST. ANDREW'S MANOR			1=Move-Ins			1=Section 8		
4. FHA/VH/Non-insured Project No.: 12144818			2=Converted From:			2=Rent Supplement		
5. Section 8 Project Contract No.: CA39MD00209			3=Initial Certification			3=RAP		
8A. Was the Head or Spouse?			4=Annual Recertification			4=Section 236		
Date/Age 62 or Older at Time of:			5=Interim Recertification			5=BMI:		
Code/Conversion? []						6=HUD-Owned		
8C. Has the Family Continuously since being Converted?			B.			B. Is this the type of subsidy the Family is NOW receiving?		
9A. Race of Head of Household: []			1=Correction to Prior Housing Code: 50G59					
9B. Ethnicity of Head of Household: []			2=Unit Transfer					
1=White 2=Black 3=American Indian or Alaskan Native 4=Asian or Pacific Islander			11. Displacement Code: []			[]		
1=Hispanic 2=Non-Hispanic			12. Preference Code: []					
			4=Rent Rebate					

PART II - HOUSEHOLD COMPOSITION

[illegible]

Housing Assistance Code : X All members citizens/eligible noncitizens
Secondary Subsidy Code :

24A. NO. OF FAMILY MEMBERS.	1
24B. NO. OF FOSTR/LIVE-IN	0
25. NUMBER OF DEPENDENTS	0

PART III

NET FAMILY ASSETS AND INCOME

PART IV
ALLOWANCES AND ADJUSTED INCOME

**PART VI - FAMILY RENT
& SUBSIDY INFORMATION**

[illegible]

PART V
PROJECT RENT INFORMATION

PART VII - UNIT ASSIGNMENT AND
RE-CERTIFICATION INFORMATION

27. Imputed Income from Assets:		44. Contract Rent	\$ 820	56. Date next Annual Recertification will be Effective	10/01/88
EUD Approved Passbook Rate 2.0001%		45. Utility Allowance	\$ 0	57. Number of Bedrooms	1
28. Income (Annual Amounts)		46. Gross Rent	\$ 820	58. Building Identification Code	
28A. WRE	28B. EMPLOY- CARE	28C. SOC SEC	28D. PUBLIC	28E. OTHER	
				59. Unit Number	201

PART VIII - CERTIFICATIONS

SIGN ONLY AFTER READING THE STATEMENT THAT APPLIES TO YOU.

		Head of Household	Date
		TRIAL CERTIFICATION! DO NOT SIGN!	
28Y. TOTAL:	0 0 0 0 0		
29. INCOME FROM ALL SOURCES EXCEPT ASSETS	\$ 0	Spouse/Co-Head	Date
30. INCOME FROM ASSETS	\$ 0		
31. ANNUAL INCOME	\$ 0		
32. INCOME LIMITS:	Lower...\$31700 Very Low.\$22150		
33. Eligibility Universe	POST-1981	Owner/Agent	DATE
34. Tenant's Income Status	VERY LOW		
35A. Did tenant begin receiving Section 8 assistance on or after Aug 1, 1984?			
35B. If "YES" Exception Code:			

REFCORCOR

HDD-50059 (A-85) / HB 4530..

Unacceptable

Dear Landlord/Property Manager:

The Home Energy Assistance Program (HEAP) assists low income households with paying their utility expenses. Because of a change in the way HEAP is administered, applicants must now show how much of their household income is paid towards energy costs before they can receive assistance. This request is pursuant to the Low Income Home Energy Assistance Program Reauthorization Act of 1994, Public Law 97-35, as amended.

Therefore, in keeping with the intent of Federal Law, landlords and property managers are now being asked to provide, upon request, to HEAP applicants the amount of rent dollars that are spent to pay for heating/cooling.

If you are unable to determine the actual cost of energy per unit, you can estimate the costs by dividing the total current energy cost on the utility bill by the number of units serviced by that bill. In addition, your utility company is a good source of information and may be able to assist you with obtaining this information.

We sincerely appreciate your cooperation.

Date 6/17/03

Applicant Name _____

Address _____

AMOUNT OF RENT PER MONTH: 208.00

Monthly Amount of Rent Paid Towards Energy \$50.00

Income Verification

WRUG

12/26/03 13:31

COUNTY 34 CASE SERIAL 073448 FBU 00 MULT 0

AID-TYPE 3A-0 ELIG STAT ACTIVE SUSP LM SEQ 05 BF SEQ E7 ELIG WKR A1

CASE NAME

PAYEE

BIC DESCRIPTION	FROM	THRU	BALANCE	2 PRIOR	1 PRIOR	CURRENT	FUTURE
139 PA GRANT-AUTO			.00	331.00	331.00	331.00	331.00
163 RENT/MORTGAGE 2-	06/03		.00	500.00	500.00	500.00	500.00
179 STD UTIL ALLOW	06/03		.00	206.00	206.00	206.00	206.00
190 HH TYPE/PERSONS			.00	W02	W02	W02	W02
196 NO INCOME			.00	XXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX
996 PAY MAX AID	12/89		.00	XXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX

WPER

12/26/03 13:31

COUNTY 34 CASE SERIAL 073448 FBU 00

AID-TYPE 3A-0 ELIG STAT ACTIVE SUSP

LM SEQ 05 BF SEQ E7 ELIG WKR AI

CASE NAME VALINE

DENESE

F PR	PERSON NAME	S	BIRTH	SOC SEC	P MED	V	F	F
X NO	FIRST	LAST	DATE	ETH NUMBER	C AID	D	P	R S
. 02			F 10/29/1968 D		F	30	P	F
. 11			F 07/25/1990 D		9			
. 90			M 07/11/1963		9			
. 12			M 11/11/1996 W		4			
. 91			M 00/00/0000 W		X			

F D=WPDT

SOCIAL SECURITY ADMINISTRATION

Date: January 26, 2004
Claim Number:

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning January 2004, the current
Supplemental Security Income payment is.....\$ 790.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

Fast Track

allu
Company

15-Day Notice

99905625984107200000210270000041140

Account Number	Service To	Amount Due	Due Date
56259	01/30/2004	\$411.40	03/02/2004

2030 :1.27.8146 1 AV 0.278



PG&E
BOX 997300
SACRAMENTO CA
95899-7300

Please return this portion with your payment. Thank you.

Day Notice

ons? Contact us at
743-5000.

1411 BERKELEY WAY
BERKELEY CA 94702

nce is available by
ne 24 hours per
days per week.

al office address for
ea is:

DDISON ST STE 101
LEY CA 94704

Account Number	Service To
56259 2	01/30/2004

Past Due	Due Date
\$201.13	03/02/2004

Amount Due
\$411.40

PAST DUE REMINDER NOTICE

Customer:

not a new bill but a request for payment of services previously billed. Your utility service is scheduled to be shut off
past-due amount is not received on or before 03/02/2004. If full payment has already been made, thank you,
please disregard this notice.

ent can be made at any of our local offices, at pay stations, or by mail. If an extension agreement is made but not
your service may be shut off without further notice. PG&E will determine how payments are applied.

utility service is terminated, a re-connection charge may be required. A deposit may be required to re-establish
redit whether or not your service is terminated.

see important customer information on the back of this notice.

Document Name:

OUNT NUMBER CYCLE

Questions? Preguntas?

Please Call: Por Favor Llame:

1-800-411-SDGE (7343)

Web Address: www.sdge.com

email: info@sdge.com

Page 1 of 2

ICE PROGRAMS TO HELP PEOPLE WITH LIMITED
INCOME OR SPECIAL NEEDS. FOR DETAILS, SEE ENERGY NOTES.

ACCOUNT SUMMARY

Previous Account Balance.....	68.95
Payments Received.....	-.00
Subtotal.....	68.95
Current Charges.....	67.74
TOTAL AMOUNT DUE.....	136.69

To avoid disconnection, see messages at the end of bill.

BILL PERIOD

OF LIST

FUNCTION : DATA :

MORE PAGES

CREDIT	14-CURR SERV	16-BILL HIST	17-PYMT HIST	18-ANALYSIS	19-HIGH BILL
DEG DAY	21-CUST CNTC	22-ACCT SUMM	23-ACCT BAL	24-REPRINT	

09/03/2003 Time: 04:24:01 PM

Service	Meter	Begin	End	Total Consumption
GAS	#00211121	07-28-2003	08-26-2003	15 Therms
ELECTRIC	#00134056	07-28-2003	08-26-2003	489 kWh

Next Meter Read Date: 09-25-2003
Circuit: B001 Block: 041B

ENERGY USAGE HISTORY

	This Month	Last Month	Percent Change	This Month Last Year	Percent Change
Therms/day	0.5	0.4	+ 25.0%	0.6	- 16.7%
kWh/day	16.9	16.6	+ 1.8%	18.1	- 6.6%
Billing Days	29	32		31	

Service Address:

Account Number 7513 684 099 6
Cycle 18
Date Mailed Aug 27 2003
Due Date PAST DUE**
Please Pay This Amount \$136.69

MORE PAGES

NEXT FUNCTION : DATA :

13-CREDIT 14-CURR SERV 16-BILL HIST 17-PYMT HIST 18-ANALYSIS 19-HIGH BILL
20-DEG DAY 21-CUST CNTC 22-ACCT SUMM 23-ACCT BAL 24-REPRINT



Pacific Gas and
Electric Company

WE DELIVER ENERGY.™



Pacific Gas and
Electric Company

WE DELIVER ENERGY.™

99909500979687100000068460000022555

Account Number	Bill Date	Amount Due	Amount Enclosed
9500979687-1	01/30/2004	\$225.55	

1022:28.1111.218620 1 AV 0.278



PG&E
BOX 997300
SACRAMENTO CA
95899-7300

204.1022

Please return this portion with your payment. Thank you.

Telephone Assistance

1-800-743-5000
Assistance is available by
telephone 24 hours per day,
7 days per week.

Local Office Address

1900 ADDISON ST STE 101
BERKELEY CA 94704

Account Number

95009

Special Account Information

CARE-Discount-Rate

January 2004

ACCOUNT SUMMARY

Service	Service Dates	Amount
Gas	01/01/2004 To 01/30/2004	\$54.68
Electric	01/01/2004 To 01/30/2004	8.98
Energy Commission Tax		0.03
Utility Users' Tax		4.77
Current Charges Due 02/20/2004		\$68.46
Previous Balance		157.09
No Payment Received by 01/30/2004		
TOTAL AMOUNT DUE		\$225.55

Power
OFF -

CLIN to

Linda

2/6 -

#248 -

Always play it safe around power lines. Keep tools, equipment, antennas and people at least 10 feet away from overhead lines. If you see a downed wire, stay away and warn others to stay away, and call PG&E or 9-1-1 immediately. Keep off utility poles and towers.

For your convenience, PG&E offers four-hour appointment scheduling for service visits. If you have special scheduling needs, be sure to let us know when you call.

STATEMENT OF CITIZENSHIP or NONCITIZEN STATUS FOR PUBLIC BENEFITS

Name of Applicant (the applicant is the person who wants services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program.			Date
(Print) LAST	FIRST	MI	
Name of Person Acting for Applicant, if any			Relationship to Applicant
(Print) LAST	FIRST	MI	

PUBLIC BENEFITS TO CITIZENS AND NONCITIZENS

Citizens and nationals of the United States who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must fill out Sections A and D.

Noncitizens who meet all eligibility requirements may receive services under the Low-Income Home Energy Assistance Program and/or the Department of Energy Low-Income Weatherization Assistance Program and must complete Sections A, B or C, and D of this form.

SECTION A: CITIZENSHIP/NONCITIZEN STATUS DECLARATION

1. Is the applicant a citizen or national of the United States? Yes ☐ No ☐

If the answer to the above question is yes, where was he/she born? _____

(City/State)

2. To establish citizenship or naturalization, please submit one of the documents on List A (attached hereto) which is legible and unaltered to establish proof.

IF YOU ARE A CITIZEN OR NATIONAL OF THE UNITED STATES, GO DIRECTLY TO SECTION D. IF YOU ARE A NONCITIZEN, PLEASE COMPLETE SECTION B, OR, IF APPLICABLE, SECTION C.

SECTION B: NONCITIZEN STATUS DECLARATION

IMPORTANT: Please indicate the applicant's noncitizen status below, and submit documents evidencing such status. The noncitizen status documents listed for each category are the most commonly used documents that the United States Immigration and Naturalization Service (INS) provides to noncitizens in those categories. You can provide other acceptable evidence of your noncitizen status even if not listed below.

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA). Evidence includes:
- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
 - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.
- ☐ 2. An alien who is granted asylum under section 208 of the INA. Evidence includes:
- INS Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
 - INS Form I-766 (Employment Authorization Document) annotated "A5";
 - Grant letter from the Asylum Office of INS; or
 - Order of an immigration judge granting asylum.
- ☐ 3. A refugee admitted to the United States under section 207 of the INA. Evidence includes:
- INS Form I-94 annotated with stamp showing admission under section 207 of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)";
 - INS Form I-766 (Employment Authorization Document) annotated "A3"; or
 - INS Form I-571 (Refugee Travel Document)
- ☐ 4. An alien paroled into the United States for at least one year under section 212(d)(5) of the INA. Evidence includes:
- INS Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA.
(Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

- ☐ 5. An alien whose deportation is being withheld under section 243(h) of the INA (as in effect prior to April 1, 1997) or section 241(b)(3) of such Act (as amended by section 305(a) of division C of Public Law 104-208). Evidence includes:
- INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
 - INS Form I-766 (Employment Authorization Document) annotated "A10"; or
 - Order from an immigration judge showing deportation withheld under section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under section 241(b)(3) of the INA.
- ☐ 6. An alien who is granted conditional entry under section 203(a)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:
- INS Form I-94 with stamp showing admission under section 203(a)(7) of the INA;
 - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
 - INS Form I-766 (Employment Authorization Document) annotated "A3."
- ☐ 7. An alien who is a Cuban or Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:
- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
 - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7; or
 - INS Form I-94 with stamp showing parole as "Cuban/Haitian Entrant" under section 212(d)(5) of the INA: or paroled after 10/10/80 in the special status for nationals of Cuba or Haiti.
- ☐ 8. An alien paroled into the United States for less than one year under section 212(d)(5) of the INA. (Evidence includes INS Form I-94 showing this status.)
- ☐ 9. An alien not in categories 1 through 8 who has been admitted to the United States for a limited period of time (a nonimmigrant). Nonimmigrants are persons who have temporary status for a specific purpose. (Evidence includes INS Form I-94 showing this status.)
- ☐ 10. I self-certify that I am a U.S. citizen or non-citizen national or qualified alien but am unable to provide documentation. (Only allowable under the Energy Crisis Intervention Program (ECIP) component of the LIHEAP Program.)

SECTION C: DECLARATION FOR CERTAIN BATTERED ALIENS

IMPORTANT: Complete this section if the applicant, the applicant's child, or the applicant child's parent has been battered or subjected to extreme cruelty in the United States by a spouse or parent.

- ☐ 1. Has the INS or the EOIR granted a petition or application filed by or on behalf of the applicant, the applicant's child, or the applicant child's parent under the INA or found that a pending petition sets forth a prima facie case for granting permission to stay in the United States? Evidence includes one of the documents on List B (attached hereto).
- ☐ 2. Has the applicant, the applicant's child, or the applicant child's parent been battered or subjected to extreme cruelty in the United States by a spouse or parent, or by a spouse's or parent's family member living in the same house (where the spouse or parent consented to or acquiesced in the battery or cruelty)?

SECTION D:

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS I HAVE GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature: _____ Date: _____

Signature of Person
Acting for Applicant: _____ Date: _____

Attachments: Lists A and B
CSD Form 600, Revised 06/01

LIST A

A person who is a citizen or national of the United States.

I. Primary Evidence

- A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.

Note: If the document shows that the individual was born in Puerto Rico, the U.S. Virgin Islands, or the Northern Mariana Islands before these areas became part of the U.S., the individual may be a collectively naturalized citizen. See paragraph C below.

- United States passport (except limited passports, which are issued for periods of less than five years);
- Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350) (issued by the Department of State), copies of which are available from the Department of State;
- Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized. The N-570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed);
- Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent. The N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed);
- United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983, to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986);
- Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (this is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

II. Secondary Evidence

If the applicant cannot present one of the documents listed in A. above, the following may be relied upon to establish U.S. citizenship or nationality:

- Religious record recorded in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (unless the person was born to foreign diplomats residing in such a jurisdiction) within three months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- Evidence of civil service employment by the U.S. government before June 1, 1976;
- Early school records (preferably from the first school) showing the date of admission to the school, the child's date and place of birth, and the name(s) and place(s) of birth of the parent(s);
- Census record showing name, U.S. citizenship or a U.S. place of birth, and date of birth or age of applicant;
- Adoption Finalization Papers showing the child's name and place of birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (unless the person was born to foreign diplomats residing in such a jurisdiction) or, where the adoption is not finalized and the State or other jurisdiction listed above in which the child was born will not release a birth certificate prior to final adoption, a statement from a state-approved adoption agency showing the child's name and place of birth in one of such jurisdictions (note: the source of the information must be an original birth certificate and must be indicated in the statement); or
- Any other document that establishes a U.S. place of birth or in some way indicates U.S. citizenship (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (unless the person was born to foreign diplomats residing in such a jurisdiction)).
- A third party declaration as evidence of U.S. citizenship or nationality.

III. Collective Naturalization

If the applicant cannot present one of the documents listed in A. or B. above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:

- Evidence of birth in Puerto Rico on or after April 11, 1899, and the applicant's statement that he or she was residing in the U.S., a U.S. possession, or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917, and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession, or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating residence in the U.S. Virgin Islands as a Danish citizen on January 17, 1917, and residence in the U.S., a U.S. possession, or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory, or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):

- Evidence of birth in the NMI. TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975, and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974, and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen.

IV. Derivative Citizenship

If the applicant cannot present one of the documents listed in A. or B. above, you should make a determination of derivative U.S. citizenship in the following situations:

Applicant born abroad to two U.S. citizen parents:

- Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

Applicant born abroad to a U.S. citizen parent and a U.S. noncitizen national parent:

- Evidence that one parent is a U.S. citizen and that the other is a U.S. noncitizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa, or Swain's Island for a period of at least one year prior to the applicant's birth.

Applicant born out of wedlock to a U.S. citizen mother:

- Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year

Applicant born in the Canal Zone or the Republic of Panama:

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904, and before October 1, 1979, and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904, and before October 1, 1979, and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

All other situations where an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories but is unable to present the listed documentation

- If the applicant is in the U.S., refer him or her to the local INS office for determination of U.S. citizenship.
- If the applicant is outside the U.S., refer him or her to the State Department for a U.S. citizenship determination.

V. Adoption of Foreign-Born Child by U.S. Citizen

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship.
- Since foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, refer the applicant to the local INS district office for a determination of U.S. citizenship if the applicant provides no evidence of U.S. citizenship.

VI. U.S. Citizenship by Marriage

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Ask for: Evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

I. Documentation Evidencing an Approved Petition or Application

- INS Form I-551 ("Resident Alien Card" or "Alien Registration Receipt Card," commonly known as a "green card").

If you cannot determine the class of admission from the I-551 stamp, file INS Form G-845, and the G-845 Supplement (mark item six on the Supplement) (attached hereto) along with a copy of the document(s) presented, with the local INS office in order to determine whether the applicant gained his or her status because he or she was the spouse, widow, or child of a U.S. citizen or the spouse, child, or unmarried son or daughter of an LPR (lawful permanent resident).

- Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-9.
- INS Form I-797 indicating approval of an INS I-130 petition or approval of an I-360. A derivative beneficiary may establish eligibility by providing documents that establish that the child is included as a derivative beneficiary on the parent's visa petition approved or pending.
- A final order of an Immigration Judge or the Board of Immigration Appeals granting suspension of deportation under section 244(a)(3) of the INA as in effect prior to April 1, 1997, or cancellation of removal under section 240A(b)(2) of the INA.
- Other acceptable evidence of battered immigrant status.

II. Documentation Demonstrating that the Applicant Has Established a Prima Facie Case

- INS Form I-797 indicating that the applicant has established a prima facie case; or
- An immigration court or Board of Immigration Appeals order indicating that the applicant has established a prima facie case for suspension of deportation under INA section 244(a)(3) as in effect prior to April 1, 1997, or cancellation of removal under section 240A(b)(2) of the INA.

III. Documentation Indicating that the Applicant Has Filed a Petition or that a Petition Has Been Filed on the Applicant's Behalf, as Applicable, but with No Evidence of Approval of the Petition or Establishment of a Prima Facie Case

The benefit provider shall determine from the documentation when the petition was filed and take the actions set forth below:

- Applicants with petitions filed before June 7, 1997, should have an INS Form I-797 indicating filing of the I-360 petition by "self-petitioning spouse [or child] of abusive U.S. Citizen or LPR," a file-stamped copy of the petition, or another document demonstrating filing (including a cash register or computer-generated receipt indicating filing of Form I-360).
- Applicants with petitions filed after June 7, 1997, should have an INS Form I-797 indicating filing of the I-360 petition.

IV. Documentation Indicating that the Applicant Has Filed a Petition or that a Petition Was Filed on His or Her Behalf, as Applicable

The following must indicate that the applicant is the widow/widower of a U.S. citizen, the husband or wife of a U.S. citizen or LPR, the unmarried child under age 21 of a U.S. citizen or LPR, or the unmarried child age 21 or older of an LPR):

- For aliens on whose behalf a petition has been filed: INS Form I-797 indicating filing of an INS I-130 petition, a file-stamped copy of the petition, or another document demonstrating filing (including a cash register or computer-generated receipt indicating filing of Form I-130 (A sample copy of Form I-130 is attached to this Exhibit.)
- For self-petitioning widows or widowers: a file-stamped copy of the INS I-360 petition, or another document demonstrating filing (including a cash register or computer-generated receipt indicating filing of Form I-360).

V. Documentation Indicating that the INS Has Initiated Deportation or Removal Proceedings in which Relief May be Available

- An "Order to Show Cause";
- A "Notice to Appear"; or
- A "Notice of Hearing in Deportation Proceedings."

VI. Minimal or No Documentation Regarding the Claimed Filing

If the applicant has some documentation but it is insufficient to demonstrate filing, establishment of a prima facie case or approval of a petition, fax the INS Request Form on your agency letterhead, as well as a copy of any document(s) provided by the applicant, to the INS Vermont Service Center in order to determine the applicant's status. If the applicant has no documentation but is certain that a petition has been filed by his or her spouse or parent, fax the INS Request Form to the INS Vermont Service Center.